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<b>Phone:</b>		<b>Date:</b>	August 15, 2005
<b>Re:</b>	09/555,618	<b>CC:</b>	
	RDID 0041 US		

Attachments:  
Transmittal Form (1pp)  
Amendment and Reply (8 pp)  
Fax Cover Sheet (1pp)

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PTO/SB/21 (08-04)

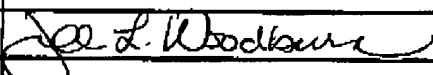
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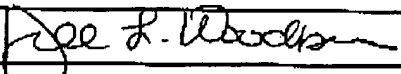
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/555,618
	Filing Date	01-05-2001
	First Named Inventor	Zimmer
	Art Unit	1742
	Examiner Name	Sikyln IP
	Attorney Docket Number	RDID 0041 US
Total Number of Pages in This Submission		10

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Transmittal page (1pp)
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The Law Office of Jill L. Woodburn, LLC		
Signature			
Printed name	JILL L. Woodburn		
Date	08-15-2005	Reg. No.	39874

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	
Typed or printed name	Jill L. Woodburn
Date	08-15-2005

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**AUG 15 2005**

Docket No. RDID 0041US

*PATENT*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Zimmer et al.

Application No.: 09/555,618

Group No.: 1742

Filed: 5 Jan 2001

Examiner: Sikyin

For: MODIFICATION OF SURFACES TO INCREASE THE SURFACE TENSION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND REPLY UNDER 37 CFR 1.111**

Sir:

***INTRODUCTORY COMMENTS***

In response to the Office Action mailed July 15, 2005, entry of the amendments and consideration of the accompanying remarks is respectfully requested.